DEPARTMENT OF HEALTH AND FAMILY SERVICES STATE OF WISCONSIN

Division of Management and Technology DMT-115A (Rev. 2/03)

FY	FY BUDGET Number					OPERATING BUDGET			Prepared By		Date
							UPPLEMENT		0		1/0/00
0	Page 2 of			0 BD		3	UPPI		Division/Institution Approval		Date
Org. #	rg. # Organization Name								0		1/0/00
						General Accounting Approval				Date	
0	0										
Net Amount						<u> </u>			Pre-Audit Approval		Date
0						Debit/Credit Code * Debit = 00 (-) Credit = 40 (+)					
Line	Appn.	Account	Center			Amount	Debit/ Credit Code	Description		Cross Ref.	Error Message Code
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30						Total This Dags					
Name Entered By Date Entered 0 1/0/00					tered /00	Total This Page (Optional)				Page of	